

DEPARTMENT OF HEALTH SERVICES

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September 20, 2000

N. L.: 07-0700

Index: Dental

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH REGIONAL
OFFICES

SUBJECT: BY-REPORT DENTAL PROCEDURE REIMBURSEMENT FEES

This numbered letter (N.L.) replaces CCS N.L. 11-0291 and includes an updated Denti-Cal by-report guide to be used for all CCS by-report dental surgical procedures until further notice. It should be noted that this schedule is currently under review by Denti-Cal for possible coding and fee changes.

The guide includes fees that have not changed since August 1, 1989, as well as fees that may have had minor modifications since that time. Procedure codes are listed on the far left. Fees are listed in the table under 100 percent, 50 percent, 25 percent, ten percent, and five percent. Utilize the 100 percent column unless the procedure is for the same surgery (e.g., fracture of the jaw with more than one fracture should be reimbursed at 100 percent for the first fracture, 50 percent for the second, etc.) An assistant surgeon will be reimbursed at 20 percent of the 100 percent fee.

If you have any questions regarding the use of the enclosed guide, please Contact your Regional Office CMS consultant.

A handwritten signature in black ink, reading "Maridee Gregory MD".

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

P R O C E D U R E	985	DESCRIPTION OF SERVICE	FEES AS OF 08/01/89				
			100%	50%	25%	10%	5%
		2 Piece Le Forte I (alone)	1675.35				
		2 Piece Le Forte I (with saggital split)	3350.70				
		3 Piece Le Forte I (alone)	1954.58				
		3 Piece Le Forte I (with saggital split)	3629.93				
		5 Piece Le Forte I (alone)	1587.76				
		5 Piece Le Forte I (with saggital split)	418.85				
		Alloplastic Graft to Chin and/or lip	335.07	167.54	83.77	33.50	16.75
		Arthrectomy - Unilateral	670.14	335.07	167.54	67.00	33.50
		Arthroplasty - Unilateral	744.00	372.00	186.00	74.40	37.20
		Arthroscopy	744.00				
		Arthrotomy - Unilateral	670.14	335.07	167.54	67.00	33.50
		Bone Graft Autogenous	744.00	372.00	186.00	74.40	37.20
		Cartilage Graft - Rib Autogenous to Maxillofacial Area	670.14	335.07	167.54	67.00	33.50
		Cheiloplasty	243.43	121.72	60.86	24.34	12.17
		Coronoidectomy	558.45	279.23	139.61	55.84	27.92
		Eminectomy - Unilateral	670.14	335.07	167.54	67.00	33.50
		Excision of Sub-lingual Gland	204.77	102.39	51.20	20.47	10.23
		Excision of Sub-maxillary Gland	372.30	186.15	93.08	37.23	18.62
		Extensive curretage for Osteomyelitis	558.45				
		Genioplasty	558.45	279.23	139.61	55.84	27.92
		Hemi - Mandibulectomy	763.22	381.61	190.81	76.32	38.16
		Lysis of radiation induced tibrotic adhesions	382.50				
		Mandibular Nerve Repositioning	316.46	158.23	79.12	31.64	15.82
		Maxillectomy with Orbital Exenteration	893.52	446.76	223.38	89.35	44.68
		Maxillectomy without Orbital Exenteration	783.52	391.76	195.88	78.35	39.18
		Meniscetomy - Unilateral	670.14	335.07	167.54	67.00	33.50
		Mucosal stripping (entire arch)	303.76				
		Nerve decompression (unilateral)	462.61				
		Neuroplasty of mental nerve (Unit value of 6 x 37.25)	223.50				
		Osteoplasty - Mandible					
		(one side)	1116.90	558.45	279.23	111.69	55.85
		(two side)	1675.35	837.68	418.84	167.54	83.77
		Osteoplasty - Maxilla					
		(one side)	1116.90	558.45	279.23	111.69	55.85
		(two side)	1675.35	837.68	418.84	167.54	83.77
		Osteoplasty - Segmental (genioplasty)	558.45	279.23	139.61	55.84	27.92
		Osteotomy Zygomatic Arch	1116.90	558.45	279.23	111.69	55.85
		Palatoplasty for cleft palate with bone graft	819.06	409.53	204.77	81.90	40.95
		Palatoplasty without bone graft	595.68	297.84	148.92	59.56	29.78
		Partial Glossectomy	297.84	148.92	74.46	29.78	14.89
		Placement of mucosal expansion balloon	81.00				
		Removal of silastic TMJ disc	244.80				
		Remove large foreign body from bone	169.02				
		Sialodochoplasty	260.61				
		Skin or mucusal graft or dermal graft	309.78	154.89			
		Super Hyoid Myotomy	577.07	288.54	144.27	57.70	28.85
		Transseptal Fiberotomy (Max - 2 Quads)	37.23				
		Vestibuloplasty - with Adjacent Tissue Transfer or Rearrangement	372.30	186.15	93.08	37.25	18.63
		Vestibuloplasty - with Split Skin or Mucosal Graft	614.30	307.15	153.58	61.43	30.72

		DESCRIPTION OF SERVICE	FEE
P	299	CPR	92.50
	975	TONGUE RESECTION PROSTHESIS	1300.66
	977	NASAL PROSTHESIS	1018.13
R		AURICULAR PROSTHESIS	1018.13
		ORBITAL PROSTHESIS	1018.13
		ORBITAL PROSTHESIS (STOCK)	175.17
		REHABILITATION OF OCULAR (STOCK)	13.09
		COMPOSITE PROSTHESIS	1527.28
		PROSTHESIS TO OBTURATE CERVICAL FISTULA	331.50
		CUSTOM CARRIER FOR PRE-FABRICATED ORBITAL PROSTHESIS	300.00
O	978	INTRA-ORAL MOLDING PLATE (FOR CLEFT PALATE PATIENTS, BOTH PRE AND POST CLEFT PALATE SURGERY)	593.76
		SPLINTS AND STENTS	190.89
		DYNAMIC BITE OPENER (FOR ANKYLOSIS OR SEVERE TRISMUS)	892.66
C	980	REPAIR FACIAL PROSTHESIS (PROCEDURE 977)	176.26
	982	OPPOSING BALANCING APPLIANCE W/GUIDEPLANE OR GUIDERAMP (PLUS DENTURE FEE)	159.09
E			
	998	NEO-NATEL FEEDING DEVICE (UP TO AGE 5)	190.89
D		ARTHROGRAM WITH INJECTION	55.92
		ARTHROGRAM WITHOUT INJECTION	33.58
		BALLOON FOR AUGMENTATION EXPANSION	153.00
		CINEFLUROGRAPHIC STUDY	50.38
		CLOSED JOINT MANIPULATION FOR ANKYLOSIS TO FACILITATE RENDERING OF OPERATIVE DENTISTRY IN O.R.	255.00
		COURTISONE INJECTION (ANY THERAPEUTIC INJECTION)	14.85
		CRANIAL PLATE	445.43
		DIAGNOSTIC ANESTHETIC BLOCK	4.85
		EAR STENT	102.00
		INJECT DYE FOR SIALOGRAM	9.30
U		INJECTION PLUS SIALOGRAM	68.43
		MOUTH STICK	152.71
		NASAL STENT	102.00
		PALATAL EXPANSION DEVICE	190.89
		PALATAL PLUG	51.00
		SIALOGRAM	59.13
		TENS	9.72
		TITANIUM IMPLANT	332.87
R			
E			

DESCRIPTION OF SERVICE

FEE

P
R
O
C
E
D
U
R
E

998 COMPOSITE RETENTION DEVISE

19.72

RADIATION CONE LOCATOR

371.20

WIRING OF MOUTH USING ARCH BARS FOR TMJ SYNDROME

190.89

MANDIBULAR GUIDANCE APPLIANCE

159.09

ULTRA SOUND

9.72

BONE AGE STUDIES

22.25

EMINENCE IMPLANT

335.02

TISSUE CONDITIONER TO OBTURATOR

21.62

BILATERAL TEMPORALIS MUSCLE RELEASE

64.87

DENTAL ANESTHESIOLOGIST (PER UNIT)

14.01

ACUPUNCTURE 1ST VISIT

27.60

ACUPUNCTURE AFTER 1ST VISIT

17.18

RELIN OBTURATOR

176.26

INJECTION OF CONTRAST MEDIUM FOR ARTHROGRAPHY

20.10

EYE CONFORMER

76.50

HYDROXYLAPATITE MATERIAL OR PERMARIDGE - PER GRAM

50.00

HYDROXYLAPATITE MATERIAL OR PERMARIDGE - PER ARCH (OR PER INVOICE)

500.00

FACIAL MOULAGE

51.99

INFANT OBTURATOR FOR CLEFT PALATE

250.00

SURGICAL UNIT VALUE (AS OF 8/1/89)

37.23

LAVAGE OF CLEFT PALATE INCLUDING SINUS

23.34

MANDIBULAR PROSTHESIS FOLLOWING HEMI-GLOSSECTOMY

803.19

MPA

127.32

ETHYL CHLORIDE SPRAY

9.72

PHYSICAL MEDICINE

9.72